

**CITY OF CALDWELL**  
**BUILDING PERMIT APPLICATION**  
**1103 COMMERCE STREET, CALDWELL TX 77836**

ADDRESS/LOCATION OF WORK: _____			
SUBDIVISION: _____	BLOCK: _____	LOT: _____	OTHER: _____
BUSINESS/OWNER NAME: _____		PHONE: _____	
CONTRACTOR/HOMEOWNER: _____		PHONE: _____	
ELECTRICIAN: _____		PLUMBER: _____	
PHONE: _____	CELL _____ LAND _____	PHONE: _____	CELL _____ LAND _____
HVAC: _____		PHONE: _____	
ARCHITECT (if req'd by state law): _____		PHONE: _____	
ENGINEER (if req'd by state law): _____		PHONE: _____	

TYPE OF WORK: (check appropriate boxes below) COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> M.H. <input type="checkbox"/> R.V. <input type="checkbox"/>	
<input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> TRCC	
DESCRIPTION OF WORK: _____	
CHANGE OF OCCUPANCY? _____	
IS THIS WORK BEING DONE AS THE RESULT OF A CODE ENFORCEMENT ACTION? YES _____ NO _____	
IF MANUFACTURED HOME, ATTACH CODE ENFORCEMENT VERIFICATION FORM _____	
IF TRCC QUALIFIED PROJECT, ATTACH TRCC INFORMATION FORM _____	

TYPE OF CONSTRUCTION: _____		AREA OF BUILDING (SQ. FT.) _____	
NUMBER OF FLOORS: _____	BEDROOMS: _____	BATHS: _____	ESTIMATED COST OF PROJECT: _____
FOUNDATION: _____	EXT. WALL: _____	INT. WALL: _____	ROOF: _____
OCCUPANCY GROUP AND DIVISION: _____		FIRE ZONE: _____	
TEXAS ACCESSIBILITY STANDARD PROJECT REG, # EABPRJ( nonresidential, over \$50,000) _____			
ASBESTOS SURVEY (existing commercial/public buildings, demolition or remodel) COPY ATTACHED: _____			

APPLICANT (printed name): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL CONDITIONS (staff only):	
TRCC BUILDER # _____	DATE OF EXP. _____ CHECKED BY _____
MANUFACTURED HOME OUTSIDE OF ZONE, CUP REQ'D: FILE _____ APPROVED _____ DISAPPROVED _____	
VARIANCE REQ'D (describe reason): _____	
FILE _____	APPROVED _____ DISAPPROVED _____ HEARING DATE (CUP or variance) : _____
SEWER TAP REQ'D: _____	ELECTRICAL SERVICE REQ'D: _____ WATER LINE REQ'D _____
MISC. CODE ENFORCEMENT NOTES: _____	

<b>F E E S</b>		
PERMIT FEE: _____	DATE APPROVED: _____	RECIEPT # _____
PERMIT NUMBER: _____	TRCC PROJECT # _____	C.O. FEE (\$50.00) PAID: _____

*THANK YOU FOR YOUR BUSINESS!*